

**POWER OF ATTORNEY  
AND  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

<b>Patent Number:</b>	7,585,620
<b>Filing Date:</b>	February 14, 2006
<b>First Named Inventor:</b>	Michael SCHUTZ
<b>Art Unit:</b>	1656
<b>Examiner Name:</b>	Marsha M. Tsay
<b>Attorney Docket Number:</b>	DEBE:046US

**I hereby revoke all previous powers of attorney given in the above-identified application.**

☐ A Power of Attorney is submitted herewith.

**OR**

☒ I hereby appoint the practitioners associated with the Customer Number: 32425

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number: 32425

**OR**

☐ Firm or  
Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)*

**SIGNATURE OF APPLICANT OR ASSIGNEE OF RECORD**

Signature

Name

Title and Company

HYGLOS INVEST GMBH

Telephone

+49-8158  
998160

Date

15 February 2010

**NOTE:** Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_\_ forms are submitted.